

CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 7/31/2023

Your Name: Mary Alyce McCullough

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

Participants of an accredited activity must disclose all personal **financial** and **non-financial relationships**, over the previous 36 months with an **ineligible company** (formerly defined as a commercial interest). **Financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest), or other financial benefits, and may affect activity content relevant to products or services of an **ineligible company**, defined as an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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Date: 7/31/2023

Your Name: Preston Miller

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

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Your Name: Tamriage Martin

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

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Date: 7/31/2023

Your Name: Kristin A. Rebo

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

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Date: 7/31/2023

Your Name: Gregory Stettler

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
14	Family Disclosure. Disclose any financial associations involving a spouse, partner, or children	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 7/31/2023

Your Name: Robert S. Martin

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 7/31/2023

Your Name: Morgan Cantley

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

Manuscript Number (if known): [Click or tap here to enter text.](#)

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 7/31/2023

Your Name: Elizabeth H. Shilling

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

Manuscript Number (if known): [Click or tap here to enter text.](#)

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 7/31/2023

Your Name: Jason Hoth

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

Manuscript Number (if known): [Click or tap here to enter text.](#)

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 7/31/2023

Your Name: Andrew Nunn

Manuscript Title: ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

Participants of an accredited activity must disclose all personal **financial** and **non-financial relationships**, over the previous 36 months with an **ineligible company** (formerly defined as a commercial interest). **Financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest), or other financial benefits, and may affect activity content relevant to products or services of an **ineligible company**, defined as an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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According to federal regulations approved by the US Senate, any amount equal to or above \$10 USD must be disclosed. Although disclosure of the total amount is not required on this form.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<div>Click the tab key to add additional rows.</div>
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